

Mollie K. Anderson, Director Nancy L. Berggren, Chief Operating Officer

## **Signature Authorization Form**

Name of Department, Board, or Commission:  The following person is authorized to sign all personnel/payroll documents for the Appointing Authority of the above-named department.	
Signature:	
Alternates authorized:	
Name (type):	
Signature:	
Name (type):	
Signature:	
Name (type):	
Signature:	
(Signature of Appointing Authority)	(Date)

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